

**DATA ACCESS LIST**

Please print or type the names of individuals who will have access to the requested datasets. Indicate each individual's VA position title and practice site (or similar information).

	Name	Title	Location
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Please print or type the names of individual(s) responsible for all aspects of safeguarding the data. Indicate each individual's VA position title and practice site (or similar location).

	Name		Location
1.	_____	_____	_____
2.	_____	_____	_____